BIRCH, STEWART, KOLASCH & BIRCH, LLP

4637-0103P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

Fill in Appropriate

Multifunction Warning Device

forth above and/or the following:

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set

Information -		The specification was filed onas						
For Use Without		United States Application Number						
Specification Attached:					and/or as PCT			
Attachea:	the specification was filed on International Application Number				; and was			
	amended on					oplicable)		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as							
	amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56.							
	I do not know a thereof, or patented year prior to this ap prior to this applica date of this applica representative or as patent or inventor's	or described in a oplication, that the tion, that the investion in any cou- signs more than certificate on this	any printed publication e same was not in publication has not been pate ntry foreign to the Un twelve months (six mor	wn or used in the United State in any country before my or ic use or on sale in the Uniter inted or made the subject of a lited States of America on au this for designs) prior to this d in any country foreign to the or as follows:	our invention thereof or rail States of America more in inventor's certificate issue application filed by me application, and that no a	nore than one than one year ued before the or my legal application for		
	l hereby claim or inventor's certific	foreign priority b ate listed below a	enefits under Title 35, L	Inited States Code, §119(a)-(d) elow any foreign application i	of any foreign application or patent or inventor's cer	n(s) for patent tificate having		
	Prior Foreign App		non on which priority is	Clamete	Priority (	Claimed		
Insert Priority			· ·			-		
Information: (if appropriate)	(Number)	(Country)		(Month/Day/Year Filed		□ No		
					П	П		
	(Number)	(Country)	· · · · · · · · · · · · · · · · · · ·	(Month/Day/Year Filed		No		
					П			
	(Number)	(Country)	)	(Month/Day/Year Filed	) Yes	No		
	01 1 1	- (C1)		March (Day (Var. Filed	Yes	□ No		
	(Number)	(Country)		(Month/Day/Year Filed				
	I hereby claim the b	enefit under Title	35, United States Code, §	119(e) of any United States pro	ovisional applications(s) lis	sted below.		
Insert Provisional								
Application(s): (if any)	(Application Numb							
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date of Fil	ing (Month/Day/Year)			
Insert Requested Information: (if appropriate)								
	I heneby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, lacknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1:56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	(Status - p	(Status - patented, pending, abandoned)			
Page 1 of 2 (Rev. 07/2003)	(Application Number)		(Filing Date)	(Status - patented, pending, abandoned)		ed)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute the application and/or at international application based on this application and to the afficient and the prosecute that application and to international programs are sufficiently application and to the afficient application instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and beild are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Hsiu Chin Chen (Chen is the family name)	Hsiu Chin Cl	ien	07/28/200	
Residence (City, State & Country)	711	CITIZENSHII	,	
Taichung City 406, Taiwan (R.O.C.)	Taiwan (R.O.C.)			
MAILING ADDRESS (Complete Street Address	including City, State & Country)			
No.6, Alley 12, Lane 9, Sec. 2, Changping Rd., Be	itun District, Taichung City 406, Ta	iwan (R.O.C.)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)	CITIZENS		HIP	
MAILING ADDRESS (Complete Street Address	including City, State & Country)			
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)		CITIZENSHII	,	
MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & Country)  INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)	1	CITIZENSHII	,	
MAILING ADDRESS (Complete Street Address	including City, State & Country)	L		
CIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)		CITIZENSHII	ļ	
MAILING ADDRESS (Complete Street Address	including City, State & Country)			
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)	L	CITIZENSHIP		
MAILING ADDRESS (Complete Street Address	including City, State & Country)			

Page 2 of 2 (Rev. 07/2003)

YOU MUST

COMPLETE
THE
FOLLOWING:
Full Name of First
aw Self-Invertor.
Inger Diar The
Occurrent in Signed
Occurrent Office
Address

Full Name of Third Inventor, if any:

Full Name of Fourth Inventor, if any:

Full Name of Fifth Inventor, if any: